

April 27, 2023

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

Chapter 11;

Case No 19-23649

PURDUE PHARMA L. P., et al.,
Debtors

Dear Honorable Judge Lane,

I am writing to make it clear that I believe it is negligent for the court and anyone else in a position of power to ignore my previous testimony and not use the information I have shared to help prevent future misuse of opioids and other narcotics.


I am specifically referring to my testimony surrounding patient-friendly UNIT-DOSE packaging for narcotics. And just to be clear, they should be MANUFACTURED in this type of packaging in order to decrease the likelihood of diversion, not set up as an expanded pharmacy packaging operation.

To be completely transparent, I am attaching a copy of a letter I wrote to the Governor of Arkansas since most leaders ignored my efforts to make this clear. I am also including a copy of the response I received from my state representative as a result of the letter.

I am requesting that the court seriously reconsider my previous statements, and acknowledge that all lived experience is relevant. As Judge Drain previously stated, this docket will be studied and evaluated and the plan may be altered and improved over time, (paraphrased). My hope is that no new addicts are welcomed into the front door of dysfunction by being prescribed massively strong drugs, loose in a bottle. In my experience, all narcotics, as well as powerful psychotropic drugs should be manufactured this way to dramatically cut down on diversion and to assist patients with dosing and consumption.

I believe the enclosed copies plainly spell out my concerns and I hope that you will reconsider my previous testimony regarding this issue, given that the court is basically indemnifying the use of long-acting opioids despite the testimony of those who were harmed. They are the cause of Opioid Use Disorder, and to profit off of their sale to fund abatement is absurd, in my opinion. To not seriously consider the concerns of individuals damaged by these drugs will eventually demonstrate the true intentions of those in power.

Sincerely,



Carrie L McGaha

Enc.

February 24, 2023



Governor Sarah Huckabee Sanders
Arkansas State Capitol
500 Woodlane Street, Suite 250
Little Rock, AR 72201

RE: UNIT-DOSE Narcotics for improved safety and patient compliance

Dear Governor Sanders,

Please find the enclosed copy of a letter I recently sent to several leaders in a continued effort to advocate for narcotics, especially opiates, to be manufactured in **patient-friendly, UNIT-DOSE packaging**. I feel very strongly about this due to my lived experience, both as a former healthcare worker who saw packaging expose diversion and as a patient who took opiates for over fifteen years.

I would appreciate you reading it and I hope it explains to you and the other leaders I sent it to, why this action would have helped me and could potentially help many others. The visual, Accountability Aid of **patient friendly, UNIT-DOSE packaging** seems like a "no-brainer" to me now, in hind-sight. If I hadn't been through the many different experiences I've had, I would not be speaking out about this.

I have deficits in memory so it is difficult for me to organize my thoughts. If you would like for me to explain further, I would be happy to. I will continue to advocate for these changes until I'm given a good reason not to or someone takes action to put patient safety first by requiring this action.

I would appreciate your serious consideration in helping to put patient safety first, while at the same time reducing diversion. Thank you for your time and I look forward to hearing from you.

Sincerely,

A handwritten signature in cursive script that reads "Carrie L. McGaha".

Carrie L McGaha
Enc.

February 24, 2023



Senator Tom Cotton
United States Senate
123 Russell Senate Office Building
Washington DC 20510

RE: UNIT-DOSE Narcotics for improved patient safety and compliance

Dear Senator Cotton,

I am writing to request that you consider taking action to help reduce and prevent the misuse of prescription opiates and other narcotics by working to require them to be manufactured in **patient-friendly, Unit-Dose packaging**. I am a former long-term patient in Pain Management and my lived experience has taught me to speak out about the following:

- Narcotics, affecting memory/cognition, should be manufactured in **patient-friendly Unit-Dose packaging**
 - Similar to birth control pills or Accutane
 - Improve patient compliance/sense of control
 - Reduce accidental misuse/overdose
 - Prevent/expose diversion

I am asking you and other lawmakers to consider passing laws or regulations to require that narcotics be manufactured in **patient-friendly, Unit-Dose packaging**, similar to birth control pills or Accutane, to improve patient compliance and reduce/expose potential diversion.

If not this, then some type of action to make it easier for patients, experiencing the side-effects of narcotics, to safely dose and monitor themselves.

Imagine how a patient, experiencing severe pain with memory loss from the medications to treat it, could benefit from the visual aid of having powerful prescription narcotics on a card instead of loose, in a bottle. They would immediately notice when one was missing and know that one had already been taken. They do this in hospitals to aid the nurses in keeping an accurate count of every, single narcotic. Why not for patients, experiencing the side-effects to their cognition, at home?

Patients, taking these powerful drugs at home while suffering from severe pain, should have the same visual aid to help them monitor the consumption and administration of these drugs.

I appreciate your consideration in this important matter and I would appreciate the opportunity to further explain my unique perspective if you have concerns. I've yet to hear a valid reason not to do this but if you have one, I'd love to try and understand it. It seems negligent to not act given the known side-effects of narcotics and the established safety features of Unit-Dose packaging.

I am enclosing, Drugs or Shrugs, part of my testimony in the Purdue Pharma Bankruptcy case, to help you understand what some of my lived experience is that leads me to make this request.

I would appreciate your consideration in this matter. I look forward to hearing from you.

Sincerely,

Carrie L. McGaha
Enc.



Having been delivered from over 15 years of long-term opiate therapy, I believe I'm supposed to share some things about my experience. First, I give God all the Glory, Honor and Praise for preserving my life and delivering me from Bondage to these drugs and doctors 2½ years ago.

In my early thirties, I became a Born-again Christian and my life was content and I was blessed to be a stay-at-home mom to two young children. I began to have constant pain in my back from a birth injury and I eventually sought help from a "spine specialist" at a fancy spine clinic, he was actually an Anesthesiologist. I had no idea that Pain Management had morphed into a big retail operation during my stay-at-home years.

As a student in the 80's I had worked in retail pharmacy, before the explosion of opiates and Pain Management. The little storage area we had for controlled drugs or narcotics was very small and we hardly ever dispensed any drugs from it. Even later as a technician in different institutional settings, I witnessed minimal and appropriate narcotic use. I performed the billing, invoicing, and generally supported the pharmacists in all of their duties so I was familiar with which drugs were being used frequently. I was proud to be a healthcare worker and I had Faith that the system was working to help people. That experience gave me a unique view of the ordeal from hindsight.



I was out of the work force for about ten years while raising my children when I sought help for constant pain so I wasn't expecting long-term opiate use as a solution but that is exactly what was offered as a viable alternative to postpone back surgery. Looking back, I realize the recommendation by a physician that I needed the strongest drugs available for my pain just reinforced my belief that the pain I was experiencing was unbearable! Rather than demystifying my suffering to decrease the stress of it all and help me to heal, the introduction of long-acting opiates into my care raised my fear of pain to extreme levels. I became so afraid of experiencing the inevitable increases in pain because I was already taking the strongest thing available! I worried that perhaps there was something else causing the pain. I became fearful, isolated, and consumed with myself and my own suffering. My acceptance and submission to the "experts" that I needed the strongest level of pain medication actually caused me to give all of my power away and I became a victim. The use of Long-acting opiates long-term eventually damaged my perception of pain and they reinforced the negative effects of chronic pain and prevented me from having full access to my Faith in God and His healing power.

I was prescribed fentanyl patches early on and many other opiates for breakthrough pain over the years. I actually thought patches would be safer than pills since I had young children in the home. I didn't know about breakthrough pain but that "thought bubble" just increased my obsession with pain and my own suffering. Pain became the overwhelming force in my life and the more medication I took, the less I was able to participate in my own healing and rely on my faith. I was prescribed benzodiazepines, antidepressants, muscle relaxers, Gabapentin, you name it! I was a true believer in the power of medication! I had misplaced my trust in a healthcare system that had been corrupted by greed. I take responsibility for continuing to seek help for my chronic pain and for continuing to take drugs that were prescribed for me, despite the fact that they did not help me. I was in a fog of delusion.



In my experience, the worst part of chronic pain is the **ever-present** nature of it. Over time it wears you down and makes it hard to just exist and breathe. Opiates are the best medicine for acute pain and suffering but they are NOT appropriate for long-term chronic pain and they actually make it harder to cope with sustained suffering, in my experience. They do work great for a time though; long enough to deceive you into thinking you need them. I became confused and I often suffered memory loss which caused a lot of mistakes, especially when combined with the effects of the other prescription drugs. I remember looking down the "barrel of the bottle of pills" and wondering when I took my last dose because I was still in so much pain! I became sloppy.



Within a few years of beginning long-term opiate therapy, my children came home from school one day and found me unresponsive in my bed. I went from their active mom to a drug addled replacement just trying to survive the effects of pain and the drugs that I was taking. I had mistakenly taken several long-acting opiates at the same time instead of several laxatives. I was too confused and over-medicated for too long to properly manage the consumption of so many different, powerful drugs while experiencing the side-effects of them. I can see that now. My bowels emptied at some point and I woke up in an ICU bed at a big hospital. I had only four respirations per minute in the ambulance ride to the original hospital. There is no telling how

many hours I was deprived of enough oxygen. It could have been all day. And now I have damage to my brain... The combination of all the side-effects was debilitating and I lost myself through it all. I could have easily lost everything if my husband had not been supportive of me. I was living in a fog and my children became like blurry objects I had to try and keep from running into to protect them. They have little memory of the good years prior to all of this.

The use of a pill minder finally helped me to keep better track of my medication intake.

It was a slow process of changing my habits, keeping the bulk of my medications locked up and only taking what was in the pill minder. Due to that experience, I believe that patient-friendly Unit-Dose packaging, similar to Accutane would help reduce misuse.

Patient compliance is known to improve with special packaging, such as birth control pills and Accutane. For instance, if narcotics were dispensed on a card of ten pills

where the patient could easily "see" when they took their last dose it would decrease mistakes and make it extremely difficult to divert. It would also make it easier to inventory. This visual cue would have prevented my overdose and other episodes of unconsciousness. Extra storage space in pharmacies should not be a concern as the goal should be to get people healthy and off of drugs, not just to put them on new and different drugs.



Just prior to weaning myself off of opiates, a new doctor at the clinic I used terribly mistreated me. At my first appointment with him, he said I needed five procedures on my back based on a four-year old MRI report. I did not even complain of increased pain and I had given him a copy of goals and objectives I wrote for myself to help me get off of opiates. He didn't care and just wanted to do the procedures and continue the opiates! When I stated that I didn't want any more procedures and I wanted to do my goals and objectives, he got mad and made me leave with a release! It was the most bizarre

experience I've ever had with a professional. When a doctor releases a patient irresponsibly like this, it can lead to illegal drug use if no other alternatives are available or affordable. Fortunately, it was a Blessing in disguise for me because I chose to fully rely on God and He gave me the grace to be delivered. He empowered me to wean myself off of opiates, with His provision.



After emerging from the fog and going through a Spiritual Transformation over many months God gave me a glimpse of what He wants me to do with the time given me through His Grace. I gave up my fear of pain and immersed myself in my own healing. He gave me the Desire to cherish the flesh He gave me to experience life in and to treat it with the same care as His Spirit that lives within me. As I healed, I went to physical therapy for many months and carefully began living differently. Therapy gets very expensive, quick. The Lord has given me the desire to shine a light upon the plight chronic pain patients who need long-term therapeutic supports and local, affordable, non-pharmaceutical alternative options in rural areas to help maintain the mental and physical ability to heal and adapt without opiates. Sitting in a doctor's office far from home is not the best solution and it just makes pain worse!

There needs to be an effort to recognize that just because a patient doesn't end up in the criminal justice system because of taking opiates, it doesn't mean that everything is great and there is no problem with the long-term side-effects of taking them. For example, I will always suffer gastrointestinal problems and memory loss from opiate use.

- The criminal justice system is critical to helping people trapped in the use of illegal drugs.
- The healthcare system is critical to prevent new victims of the opiate crisis by offering local alternatives to pharmaceuticals for chronic pain and Recovery.
- Faith in God is critical to all healing.

Opiate Task Forces recommend some of the options I am advocating to be made more available in rural community health systems. An integrated health approach is needed in rural areas sooner rather than later because we already have very limited resources and options. Alternative options should be **affordable** and **available** in rural health systems for future plans. People in chronic pain tend to isolate and have fear of hurting themselves worse. Connecting other people is critical to overcoming the isolation of chronic pain. Zoom is great but it doesn't it. The following recommendations are from an article in Practical Pain Management outlining some recommendations made by the HHS Task Force:



areas

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- *"Restorative movement therapies. Physical and occupational therapy, massage therapy, aqua therapy*
 - *Interventional procedures. Different types of minimally invasive procedures can be important for both acute and chronic pain*
 - *Complementary and integrative health. Acupuncture, yoga, tai chi, meditation*
 - *Behavioral health/psychological interventions. Coping skills, cognitive behavioral therapy*
 - *The consideration of acupuncture, mindfulness, movement therapy, art therapy, massage therapy, manipulative therapy, yoga, and Tai Chi as non-opioid treatment options."*
- *HHS Inter-Agency Task Force Urges New Ways to Limit Opioid Use and Addiction, practicalpainmanagement.com*



If actual alternative options were **affordable** and offered locally, patients could be directed to healthier ways of managing chronic pain/illness to avoid the need for so many drugs in the first place.

People in acute pain should not have to go without relief and those with chronic pain should have **local affordable and accessible, alternative options**.

I HOPE there can one day be more affordable, alternative treatments for chronic pain in local community health systems so that doctors have something to offer patients besides **drugs or shrugs...**

There is Hope for people living with chronic pain but it doesn't come in a bottle. Not everyone is using opiates illegally but the results can still be debilitating to the lives of those using them and their families. I hope and pray that people suffering from pain or addiction will realize there is Hope in Jesus Christ and turn to His Power and Provision for Healing. I am now a Survivor and I claim the Manifested Power of God over my life. cfm



MAIN POINTS...

1. Patient friendly, **Unit-Dose** packaging for narcotics will reduce mistakes and diversion.
2. Heal patient's **fear** of pain by demystifying it while treating the underlying causes. Acknowledge the **Healing power of Almighty God**.
3. Make additional changes to the **prescribing guidelines** for opiates, especially long-acting opiates, which started the opiate crisis.
4. Create community centers within rural healthcare systems to provide **affordable, local, alternative options** for people to have access to step-down facilities, recovery services, and many other integrated health services everyone could use to maintain optimal health.

1 State of Arkansas
2 94th General Assembly
3 Regular Session, 2023

HCR 1011

4
5 By: Representative Vaught
6 By: Senator B. Johnson
7

8 HOUSE CONCURRENT RESOLUTION

9 TO ENCOURAGE THE UNITED STATES CONGRESS TO ENCOURAGE
10 THE USE OF UNIT DOSE PACKAGING FOR NARCOTICS AND
11 OPIOIDS TO PRESERVE THE HEALTH AND SAFETY OF ALL
12 CITIZENS OF THIS NATION.
13
14

15 Subtitle

16 TO ENCOURAGE THE UNITED STATES CONGRESS
17 TO ENCOURAGE THE USE OF UNIT DOSE
18 PACKAGING FOR NARCOTICS AND OPIOIDS TO
19 PRESERVE THE HEALTH AND SAFETY OF ALL
20 CITIZENS OF THIS NATION.
21
22

23 WHEREAS, the rate of drug overdose deaths in Arkansas, a majority of
24 which are due to the misuse of prescription drugs, has more than tripled
25 since 1999, when the age-adjusted rate was six and one-tenth (6.1) per one
26 hundred thousand (100,000) people, compared to twenty-one and seven-tenths
27 (21.7) per one hundred thousand (100,000) people in 2017; and
28

29 WHEREAS, in recent years the pharmaceutical industry has responded to
30 an increased demand for drug products which are packaged for "unit dose"
31 dispensing or the delivery of a single dose of a drug to the patient at the
32 time of administration; and
33

34 WHEREAS, the drug product is dispensed in a unit dose container which
35 is a non-reusable container designed to hold a quantity of drug intended for
36 administration as a single dose, directly from the container; and



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HCR1011

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2 WHEREAS, the advantages of unit dose dispensing are that the drug is
3 fully identifiable and the integrity of the dosage form is protected until
4 the actual moment of administration; and

5
6 WHEREAS, unit dose packaging for narcotics and other opioids,
7 especially narcotics and opioids affecting memory and cognition, would
8 improve patient compliance, reduce misuse of the prescription drugs, and
9 prevent overdoses and diversion which would save lives across the nation; and

10
11 WHEREAS, encouraging unit dose packaging of narcotics and opioids is
12 practical and patient-friendly and may reduce medication waste for
13 manufacturers of prescription drugs; and

14
15 WHEREAS, the United States Congress, the United States Food and Drug
16 Administration, and the United States Drug Enforcement Administration should
17 take action to preserve the health and safety of all citizens of this nation,

18
19 NOW THEREFORE,

20 BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-FOURTH GENERAL
21 ASSEMBLY OF THE STATE OF ARKANSAS, THE SENATE CONCURRING THEREIN:

22
23 THAT the House of Representatives of the Ninety-Fourth General Assembly
24 of the State of Arkansas, the Senate concurring, encourages the United States
25 Congress, the United States Food and Drug Administration, and the United
26 States Drug Enforcement Administration to encourage the use of unit dose
27 packaging for narcotics and opioids by the pharmaceutical industry to
28 preserve the health and safety of all citizens of this nation.

29
30 BE IT FURTHER RESOLVED THAT upon adoption of this resolution, an
31 appropriate copy be provided by the Chief Clerk of the House of
32 Representatives to the United States Food and Drug Administration, the United
33 States Drug Enforcement Administration, the majority leader of the United
34 States Senate, the Speaker of the United States House of Representatives, and
35 the members of the Arkansas congressional delegation.

36

August 13, 2021

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
23649

Chapter 11; Case No. 19-

PURDUE PHARMA L.P., et al., Debtors

**MOTION TO AMEND/CORRECT OBJECTIONS AND PLEAD THE COURT TO ADDRESS CONCERNS
BASED ON PERSONAL LIFE EXPERIENCE OF TAKING PRESCRIPTION OPIATES**

Creditor, CARRIE L. MCGAHA, pleads with the court to advise parties to seriously consider including more provisions in the abatement programs of the plan that address living with the long-term side-effects of opiate consumption. This may be unorthodox and out of procedure, however, as a survivor, the creditor requests for the powers that be to consider this request.

The long-term Recovery and maintenance services of declining cognitive ability and physical health after consuming long-acting opiates long-term are very similar for people using drugs legally or illegally. To increase the benefit of patients who actually took prescription opiates, I propose, that many of those services could be offered as a community resource for **all** residents to access, especially in rural areas. This would benefit many more people, both those who exit a Drug Treatment Program and those who are attempting to wean off of opiates while dealing with an existing Chronic Pain or Chronic condition causing pain. Similar services are needed long-term, not just in a treatment facility.

The services to maintain recovery are needed throughout the remainder of the lives of people affected by opiates. There needs to be consideration of the long-term effects of opiate use in people who need maintenance recovery and non-pharmaceutical pain treatment.

I respectfully request that since this case is about prescription opiates, that more be done for people who actually took those drugs long-term, like myself. By providing services as part of a local, community-wide Recovery/Healthcare/education system it will reduce the STIGMA because those patients who are not incarcerated will be more likely to access the services if they are for **all** people, not just those exiting a program.

By hyper-focusing abatement on MAT drugs to solve the opiate crisis, it increases the STIGMA. Those drugs are primarily for illegal drug use and do not treat pain. Patients with actual pain will not benefit from them, other than to assist in weaning off of opiates in the beginning. The need for **alternate** methods of treating their pain still exists and should be treated as LONG-TERM

ABATEMENT SERVICES for all recovering patients because of the long-term side-effects of consuming them.

OBJECTION TO CONFIRMATION OF THE "PLAN"

As a patient in Pain Management for over 15 years being treated with Long-acting opiates and short-acting opiates for Chronic Pain, I must Object to confirmation of the current plan unless the following OBJECTIONS and Remedies are included in a supplement to the plan.

1. I OBJECT to the continued MANUFACTURE AND USE of Long-acting opiates such as: Oxycontin, due to the fact that they were originally approved under fraudulent circumstances. Every long-acting opiate created following that approval should be considered under the same umbrella of taint, along with the expansion of the retail marketing of Pain Management for patients with Chronic Pain, as opposed to Acute Pain.

Remedy:

- i. Include provisions to reduce the use of ALL long-acting opiates.
- ii. Include provisions to provide what is actually best for patient health and wellness for treating chronic pain, other than pharmaceuticals.
- iii. Include provisions to enhance rural community healthcare systems to provide increased access to programs and services to assist in the management of chronic pain and recovery using alternatives to pharmaceuticals.

2. I OBJECT to the "plan" because it does NOT contain provisions for patient-friendly Unit-dose packaging of opiates, such as: Accutane or birth control pills. These provisions are known to enhance patient compliance and will cut down on accidents and unintentional misuse or diversion. The primary concern should be patient compliance not storage space in pharmacies.

Remedy:

- i. Include provisions to implement the widespread use of patient-friendly UNIT-DOSE packaging in all drugs likely to cause physical dependence or addiction, especially if they will be used in pain management.

3. I OBJECT to the "plan" due to the lack of provision to increase local access to treat actual Pain Patients with non-pharmaceutical, alternative options for pain relief in rural community healthcare systems. The widespread use of Medication Assisted Treatment

drugs is primarily for illegal drug use and the “plan” is hyper-focused on that aspect of treatment.

Remedy:

- i. Include provision to correct the decades of widespread prescribing of opiates for chronic pain and the expansion of retail pain management which prevented the logical growth in non-pharmaceutical options for chronic pain relief, such as: PT, OT, massage, biofeedback, multi-modality therapeutic counseling, etc...
 - ii. Include provisions to offer grants for the expansion of “PT/PTA, with OT for addiction, clinics in addition to the MAT clinics already taking over rural communities to provide alternative treatments to chronic pain and maintenance of recovery without pharmaceuticals in SUPPORTED, STEP-DOWN fitness facilities and services. The PRIMARY solution should not only be MORE DRUGS.
 - iii. By offering maintenance Recovery and non-pharmaceutical pain treatment services for all residents in a rural community, more people will benefit. Residential treatment program services are not typically available to the average prescription opiate patient who wants to stay home and just needs long-term support to maintain reduction of opiates md completely abate.
4. I OBJECT to the “plan” because it increases the STIGMA of opiates by FOCUSING on strategies that seemingly assume that the only people with problems taking opiates are abusing them. It seems all of the abatement strategies ignore the people who actually LIVE with CHRONIC PAIN and suffer due the overuse of pharmaceuticals within the PAIN MANAGEMENT SYSTEM.

Remedy:

- i. Include provisions to minimize the STIGMA by granting local community health systems with funds to provide all users of prescription opiates with the services I have previously outlined. The abatement services in the plan are focused primarily on solving the illegal use of ALL drugs, which is a good endeavor, however it does not benefit those living with the long-term effects of opiate use.
 - ii. Seek the advice of people who ACTUALLY took prescription opiates and managed to recover from them rather than relying only on those “experts” who are making money off of treating them. Recovered patients are the “experts” in living with pain without opiates. By hyper-focusing abatement using pharmaceuticals to treat illegal drug users it only perpetuates the STIGMA for those in pain management and

decreases the likelihood they will seek treatment for their pain and dependence/addiction.

- iii. Do not solely rely on agencies that have been proven unreliable, such as: the CDC, NIH, and SAMHSA. They are making money on the backs of victims and are bias towards using PHARMACEUTICALS in most cases.

- 5. I OBJECT to the “plan” because it sets up a HUGE BUREAUACRACY which will only PERPETUATE the ongoing crisis rather than ABATE it. It will work at first but treatment centers will NEED a steady stream of addicts needing recovery. The system being set up will perpetuate the cycle due to the dollars tied to abatement through the calculation of MME.

Remedy:

- i. Include provisions to provide grants to ALL community health systems to offer STEP-DOWN fitness and Recovery Maintenance Centers NOT tied to how many people are being PRESCRIBED opiates.
- ii. If the goal is to reduce prescription opiate use then provide a way for patients to ACTUALLY get NON-PHARMACEUTICAL services within their own communities. Professional healthcare supports are needed for chronic pain patients, not just fitness professionals and counseling. The needed services can be available for ALL residents to prevent opiate use and provide maintenance for all recovered individuals.
- iii. Do NOT tie dollars to the continued prescriptions of opiates (MME). Stop prescribing opiates at a level that only perpetuates the crisis. Long-acting opiates are the worst! Get rid of their common-place use and only utilize short-acting opiates for acute and periodic episodes of chronic pain.
- iv. Implement a system to allow chronic pain patients to try MEDICAL MARIJUANA as an appropriate medicine for CHRONIC pain and conditions to see if it helps them.

The following is provided as a reference to demonstrate the life experience that has influenced this creditor and why she believes that it is relevant to solving the prescription opiate crisis.

Drugs or Shrugs...



Having been delivered from over 15 years of long-term opiate therapy, I believe I'm supposed to share some things about my experience. First, I give God all the Glory, Honor and Praise for preserving my life and delivering me from Bondage to these drugs and doctors 2½ years ago.

In my early thirties, I became a Born-again Christian and my life was content and I was blessed to be a stay-at-home mom to two young children. I began to have constant pain in my back from a birth injury and I eventually sought help from a "spine specialist" at a fancy spine clinic, he was actually an Anesthesiologist. I had no idea that Pain Management had morphed into a big retail operation during my stay-at-home years.

As a student in the 80's I had worked in retail pharmacy, before the explosion of opiates and Pain Management. The little storage area we had for controlled drugs or narcotics was very small and we hardly ever dispensed any drugs from it. Even later as a technician in different institutional settings, I witnessed minimal and appropriate narcotic use. I performed the billing, invoicing, and generally supported the pharmacists in all of their duties so I was familiar with which drugs were being used frequently. I was proud to be a healthcare worker and I had Faith that the system was working to help people. That experience gave me a unique view of the ordeal from hindsight.



I was out of the work force for about ten years while raising my children when I sought help for constant pain so I wasn't expecting long-term opiate use as a solution but that is exactly what was offered as a viable alternative to postpone back surgery. Looking back, I realize the recommendation by a physician that I needed the strongest drugs available for my pain just reinforced my belief that the pain I was experiencing was unbearable! Rather than demystifying my

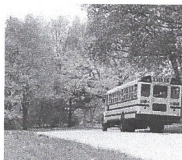
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bed at a big hospital. I had only four respirations per minute in the ambulance ride to the original hospital. There is no telling how many hours I was deprived of enough oxygen. It could have been all day. And now I have damage to my brain... The combination of all the side-effects was debilitating and I lost myself through it all. I could have easily lost everything if my husband had not been supportive of me. I was living in a fog and my children became like blurry objects I had to try and keep from running into to protect them. They have little memory of the good years prior to all of this.

The use of a pill minder finally helped me to keep better track of my medication intake.

It was a slow process of changing my habits, keeping the bulk of my medications locked up and only taking what was in the pill minder. Due to that experience, I believe that patient-friendly **Unit-Dose** packaging, similar to Accutane would help reduce misuse.

Patient compliance is known to improve with special packaging, such as birth control pills and Accutane. For instance, if narcotics were dispensed on a card of ten pills where the patient could easily "see" when they took their last dose it would decrease mistakes and make it extremely difficult to divert. It would also make it easier to inventory. This visual cue would have prevented my overdose and other episodes of unconsciousness. Extra storage space in pharmacies should not be a concern as the goal should be to get people healthy and off of drugs, not just to put them on new and different drugs.



Just prior to weaning myself off of opiates, a new doctor at the clinic I used terribly mistreated me. At my first appointment with him, he said I needed five procedures on my back based on a four-year old MRI report. I did not even complain of increased pain and I had given him a copy of goals and objectives I wrote for myself to help me get off of opiates. He didn't care and just wanted to do the procedures and continue the opiates! When I stated that I didn't want any more procedures and I wanted to do my goals

and objectives, he got mad and made me leave with a release! It was the most bizarre experience I've ever had with a professional. When a doctor releases a patient irresponsibly like this, it can lead to illegal drug use if no other alternatives are available or affordable. Fortunately, it was a Blessing in disguise for

me because I chose to fully rely on God and He gave me the grace to be delivered. He empowered me to wean myself off of opiates, with His provision.



After emerging from the fog and going through a Spiritual Transformation over many months God gave me a glimpse of what He wants me to do with the time given me through His Grace. I gave up my fear of pain and immersed myself in my own healing. He gave me the Desire to cherish the flesh He gave me to experience life in and to treat it with the same care as His Spirit that lives within me. As I healed, I went to physical therapy for many months and carefully began living differently. Therapy gets very expensive, quick. The Lord has given me the desire to shine a light upon the plight chronic pain patients who need long-term therapeutic supports and **local, affordable, non-pharmaceutical alternative** options in **rural** areas to help maintain the mental and physical ability to heal and adapt without opiates. Sitting in a doctor's office far from home is not the best solution and it just makes pain worse!

There needs to be an effort to recognize that just because a patient doesn't end up in the criminal justice system because of taking opiates, it doesn't mean that everything is great and there is no problem with the long-term side-effects of taking them. For example, I will always suffer gastrointestinal problems and memory loss from opiate use.

- The criminal justice system is critical to helping people trapped in the use of illegal drugs.
- The healthcare system is critical to prevent **new** victims of the opiate crisis by offering **local alternatives** to pharmaceuticals for chronic pain and Recovery.
- Faith in God is critical to all healing.

Opiate Task Forces recommend some of the options I am advocating to be made more available in **rural** community health systems. An integrated health approach is needed in **rural** areas sooner rather than later because we already have very limited resources and options. Alternative options should be **affordable** and **available** in **rural health systems** for future plans. People in chronic pain tend to isolate and have fear of hurting themselves worse. Connecting with other people is critical to overcoming the isolation of chronic pain. Zoom is great but it doesn't cut it. The following recommendations are from an article in Practical Pain Management outlining some recommendations made by the HHS Task Force:



- *"Restorative movement therapies. Physical and occupational therapy, massage therapy, aqua therapy*
- *Interventional procedures. Different types of minimally invasive procedures can be important for both acute and chronic pain*
- *Complementary and integrative health. Acupuncture, yoga, tai chi, meditation*
- *Behavioral health/psychological interventions. Coping skills, cognitive behavioral therapy*
- *The consideration of acupuncture, mindfulness, movement therapy, art therapy, massage therapy, manipulative therapy, yoga, and Tai Chi as non-opioid treatment options."*

**HHS Inter-Agency Task Force Urges New Ways to Limit Opioid Use and Addiction, [practicalpainmanagement.com](https://www.painmanagement.com)*



If actual alternative options were **affordable** and offered locally, patients could be directed to healthier ways of managing chronic pain/illness to avoid the need for so many drugs in the first place.

People in acute pain should not have to go without relief and those with chronic pain should have **local affordable and accessible, alternative options.**

I HOPE there can one day be more affordable, alternative treatments for chronic pain in local community health systems so that doctors have something to offer patients besides **drugs or shrugs...**

There is Hope for people living with chronic pain but it doesn't come in a bottle. Not everyone is using opiates illegally but the results can still be debilitating to the lives of those using them and their families. I hope and pray that people suffering from pain or addiction will realize there is Hope in Jesus Christ and turn to His Power and Provision for Healing. I am now a Survivor and I claim the Manifested Power of God over my life. ctm



MAIN POINTS...

1. Patient friendly, **Unit-Dose** packaging for narcotics will reduce mistakes and diversion.
2. Heal patient's **fear** of pain by demystifying it while treating the underlying causes. Acknowledge the **Healing power of Almighty God.**
3. Make additional changes to the **prescribing guidelines** for opiates, especially long-acting opiates, which started the opiate crisis.
4. Create community centers within rural healthcare systems to provide **affordable, local, alternative options** for people to have access to step-down facilities, recovery services, and many other integrated health services everyone could use to maintain optimal health.